

Intraocular pressure elevation after intravitreal triamcinolone acetonide injection in a Chinese population

許紋銘

摘要

Abstract

PURPOSE: To study the prevalence and risk factors of intraocular pressure (IOP) elevation and refractory IOP elevation after a single 4 mg intravitreal triamcinolone acetonide (IVTA) injection in a Chinese population. **DESIGN:** Retrospective, observational case series. **METHODS:** Retrospective chart review of all the patients who received an IVTA injection at one medical center from January 2003 through June 2005. A postoperative IOP increase of more than 6 mm Hg was defined as an IOP elevation. Postoperative IOP elevation that could not be controlled by glaucoma medications was defined as refractory IOP elevation. **RESULTS:** Sixty-four (43.5%) of the 147 enrolled patients experienced IOP elevation. Males had a higher risk of IOP elevation, with an odds ratio (OR) of 3.17 (95% confidence interval [CI], 1.38 to 7.27; $P = .006$), after adjusting for age, glaucoma history, and diagnosis of retinal disease. Patients 55 years of age and younger had a larger magnitude of IOP elevation than those older than 55 years (11.2 ± 10.1 mm Hg vs 7.3 ± 7.7 mm Hg; $P = .020$). Ten patients (6.8%) had refractory IOP elevation, and those 55 years of age or younger had a higher risk of refractory IOP elevation compared with those older than 55 years, with an OR of 8.16 (95% CI, 1.67 to 39.81; $P = .009$), after adjusting for preoperative IOP and diagnosis of retinal disease. **CONCLUSIONS:** Elevated IOP after IVTA injection is common in this Chinese population. Male patients have a higher risk of IOP elevation. Younger patients should be monitored carefully after IVTA injection because they exhibit a greater magnitude of IOP elevation and have an increased chance of developing refractory IOP elevation